



National
Aeronautics and
Space
Administration

Request for Organization Development (OD) Consulting, Conference and Retreat Services

NOTE: THE AGENCYWIDE TRAINING & DEVELOPMENT OFFICE AND THE HEADQUARTERS CORPORATE OFFICE REQUIRE **AT LEAST SIXTY (60) DAYS PRIOR** TO THE DATE YOUR ACTIVITY TO PROCESS YOUR REQUEST FOR SERVICES. EXCEPTIONS WILL ONLY BE MADE WHEN CIRCUMSTANCES DICTATE AND WHEN CIRCUMSTANCES ARE BEYOND THE REASONABLE CONTROL OF THE ORGANIZATION.

SECTION 1-AGENCYWIDE OR HEADQUARTERS REQUIREMENT

IN ITEMS A OR B, INDICATE WHETHER THIS REQUEST IS AN AGENCYWIDE OR HEADQUARTERS CORPORATE REQUIREMENT.

A. ☐ AGENCYWIDE REQUIREMENT *(Activity involves civil service employees from at least two different NASA Centers)*

INDICATE TOTAL NUMBER OF PARTICIPANTS: _____

B. ☐ HEADQUARTERS CORPORATE REQUIREMENT *(Activity involves Headquarters civil service employees only)*

INDICATE TOTAL NUMBER OF PARTICIPANTS: _____

SECTION 2-CLIENT ORGANIZATION INITIATING SERVICES

1. TITLE OF OFFICE OR INTACT TEAM REQUESTING SERVICES

2. NAME OF EXECUTIVE, SUPERVISOR OR TEAM
LEAD REQUESTING SERVICES *(Client)*

3. TITLE OF CLIENT

4. IS THE CLIENT A SUPERVISOR?

☐ YES

☐ NO

5. TELEPHONE NUMBER

6. FAX NUMBER

7. E-MAIL

8. INDICATE NAME AND TELEPHONE NUMBER OF PERSON IN YOUR OFFICE DESIGNATED WITH COORDINATING THIS ACTIVITY

SECTION 3-SERVICE REQUEST INFORMATION

9. SPECIFY OVERALL SERVICES REQUIRED:

☐ MEETING FACILITATOR

☐ FUNDING SUPPORT

☐ OD CONSULTANT

☐ FUNDING SUPPORT

☐ EXECUTIVE COACHING

☐ RETREAT MATERIAL

☐ FUNDING SUPPORT

☐ CONFERENCE CONSULTING SERVICES AND GUIDANCE

☐ FUNDING SUPPORT

☐ RETREAT FACILITY

☐ FUNDING SUPPORT

☐ **THE SELECTION OF AGENCY CONTRACTED
FACILITIES SHOULD BE THE CLIENT'S FIRST CHOICE.
THE USE OF VENUES NOT ON THE AGENCY'S
CONTRACT LIST WILL REQUIRE JUSTIFICATION.**

☐ IF YOU HAVE SELECTED A LOCATION FOR YOUR
ACTIVITY, PLEASE PROVIDE THE NAME OF THE
DESIRED FACILITY AND THE CONTACT
INFORMATION:

SECTION 4-ORGANIZATIONAL CONSULTING REQUIREMENTS

10. BRIEFLY DESCRIBE THE OD SERVICES REQUESTED FOR THE ORGANIZATION *(include at least one objective the organization or individual hopes to accomplish)*. IF THIS IS A REQUEST FOR CONTINUATION OF SERVICES, INDICATE THE MILESTONES THE ORGANIZATION HAS ACCOMPLISHED TO DATE AND THE OBJECTIVES TO BE OBTAINED WITH CONTINUED SERVICES:

11. HAVE YOU ALREADY IDENTIFIED AN OD CONSULTANT,
FACILITATOR, OR COACH TO WORK WITH YOU AND /OR
YOUR ORGANIZATION?

YES ☐ PLEASE GO TO BOX 12

NO ☐ PLEASE GO TO BOX 13

N/A ☐ PLEASE GO TO BOX 13

12. IF "YES," INDICATE NAME *(or organization thereof)*:

SECTION 4-ORGANIZATIONAL CONSULTING REQUIREMENTS (CONTINUED)

13. WHAT LEARNING MATERIAL, IF ANY, WILL YOU NEED FOR THIS ACTIVITY (*books, psychological assessment instruments, other*)? ALSO INDICATE QUANTITY.

14. INDICATE DATE THE MATERIAL IS REQUIRED

15. WHAT IS THE PROPOSED DATE OF THE RETREAT, CONFERENCE, OR OD ACTIVITY?

SECTION 5-CLIENT APPROVALS AND SIGNATURES

16. CLIENT REQUESTING SERVICES

17. CLIENT SIGNATURE

18. DATE

19. NAME & TITLE OF NEXT HIGHER LEVEL SUPERVISOR

20. NEXT HIGHER LEVEL SUPERVISOR SIGNATURE

21. DATE

22. OFFICE APPROVAL OF ASSOCIATE ADMINISTRATOR OR ASSISTANT ADMINISTRATOR

23. ASSOCIATE ADMINISTRATOR OR ASSISTANT ADMINISTRATOR SIGNATURE

24. DATE

SECTION 6-HEADQUARTERS TRAINING OFFICE APPROVALS

25. AGENCYWIDE TRAINING & DEVELOPMENT OFFICE APPROVAL—SIGNED BY AGENCY OD LEAD

26. AGENCY OD LEAD SIGNATURE

27. DATE

28. HQ CORPORATE TRAINING OFFICE'S APPROVAL—SIGNED BY HQ CORPORATE OD LEAD

29. HQ CORPORATE OD LEAD SIGNATURE

30. DATE